



## Knowledge Exchange Seminar Series (KESS)

*...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland*



# Towards An Understanding Of The Role Of Bereavement In The Pathway To Suicide

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# Overview

1. Context of suicide in Northern Ireland
2. Introduction to the literature on bereavement by suicide
3. Research Findings
  - Impact on those who died by suicide
  - Impact on family members bereaved by suicide
  - Impact on wider community of death by suicide
  - Responses and resilience
4. Summary and recommendations

# Context of suicide in Northern Ireland

- Rates of suicide have risen over the past 15 years.
- Research in Northern Ireland into both the causes and the aftermath are starting to emerge.
- To date research has been dominated by psychological approaches
- *“The limited data routinely published on deaths by suicide restrict the full appreciation of social factors behind completed suicides...there is much that could be done to improve the sociological autopsy of suicide, thereby sharpening the understanding of risk and the disconnect between mental health services and those in psychological crisis.”*

Tomlinson, KESS Briefing, 2013

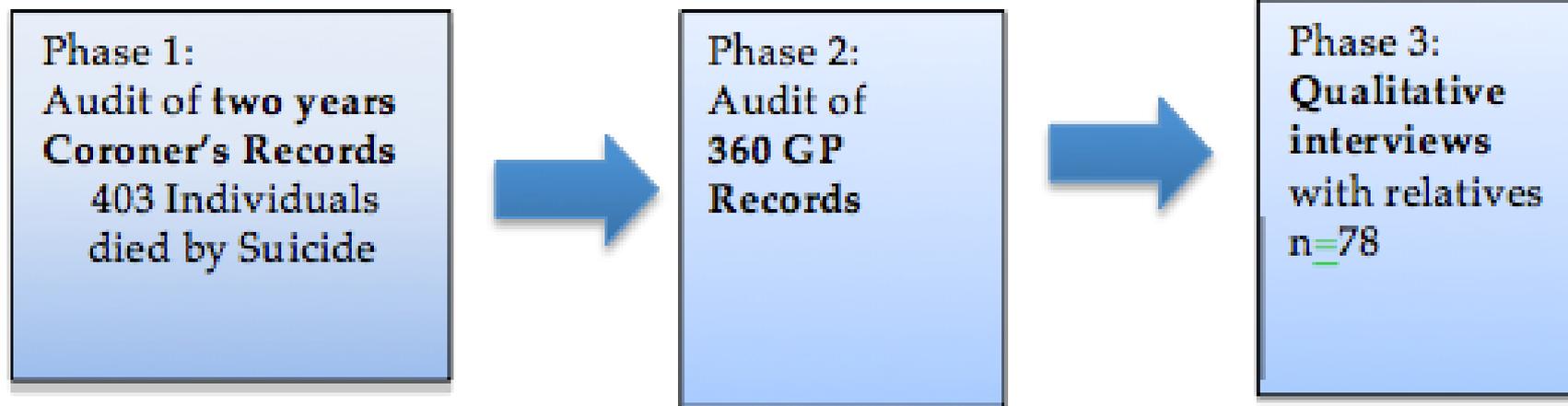
# What do we know about the role of bereavement in suicide?

- Bereavement has long been considered to be a common precursor of death by suicide.
- Estimates vary but it is suggested that for every suicide that occurs, on average six people suffer intense grief.
- Little is known about the impact of these deaths on the wider community, estimates suggest up to 60 people may be affected by each death.
- There are few previous studies on the issue in the NI context.

# Understanding Suicide Project

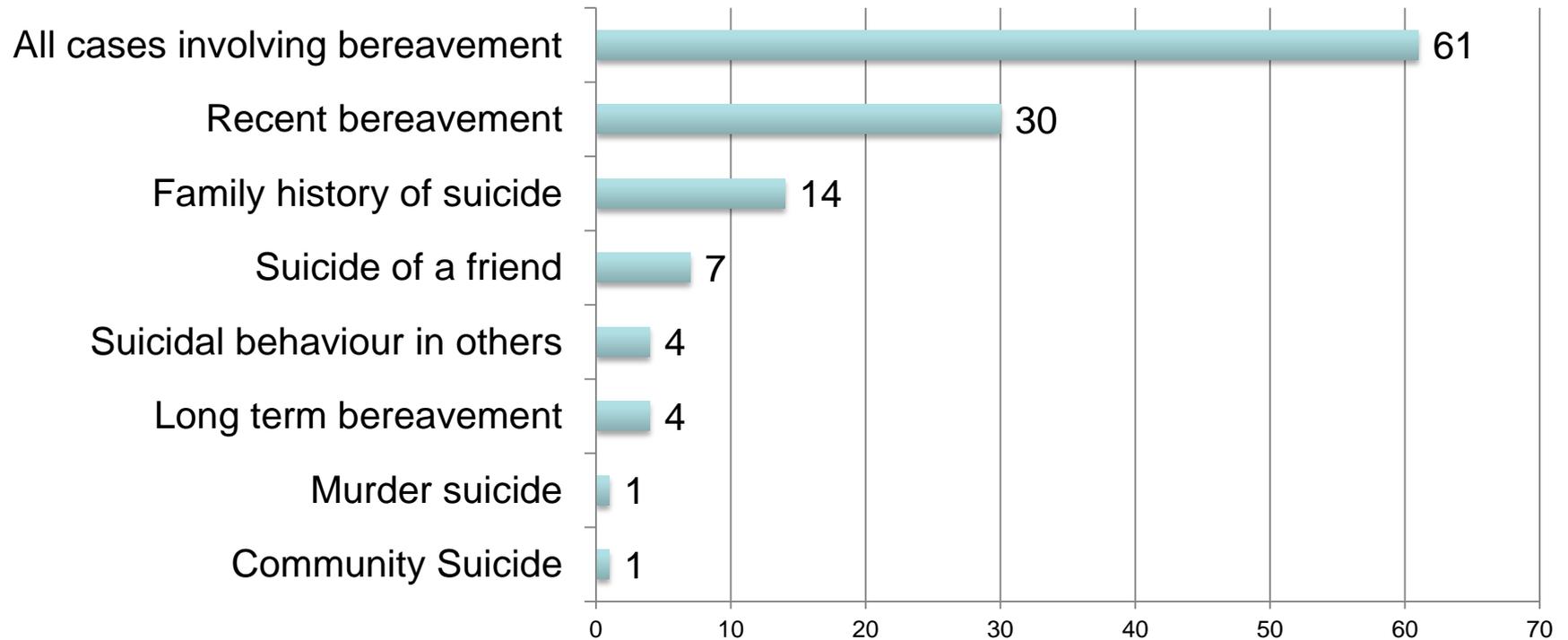
## The research examined

- Help-seeking by people who have died by suicide over a two year period
- Impact on people bereaved by suicide and help seeking in this group



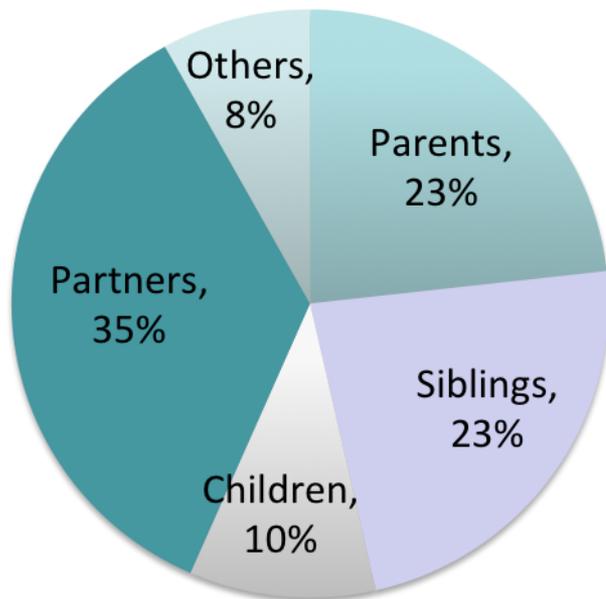
# 1. Impact of Bereavement on those who died by suicide

## Suicide cases involving bereavement over 2 years (n=403)



## 2. Impact of bereavement by suicide on the family

Relationship to deceased  
(n=77)



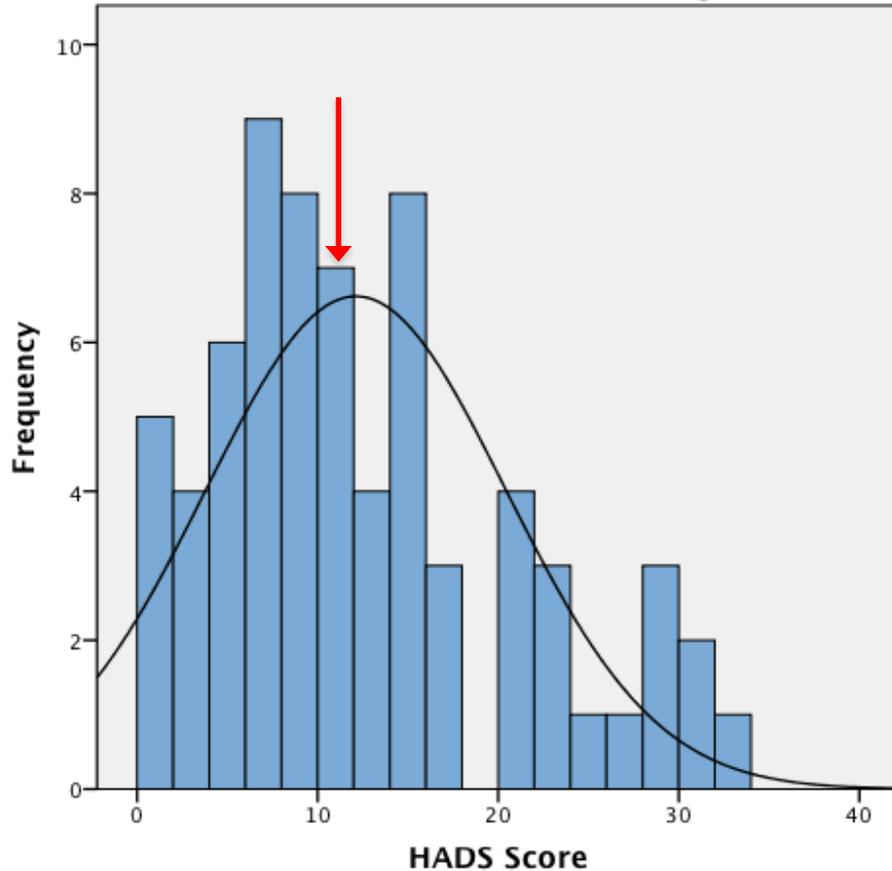
### Characteristics of bereaved relatives

#### Demographic / socio-economic

- 66% female, 34% male
- 42% married/live with partner
- 32% widowed/widower
- 14% single
- 62% in paid employment
- 15% retired
- 79% owner occupier
- --% 2+ car household

# Hospital Anxiety and Depression Scale n=69

Distribution of HADS scores amongst bereaved relatives



## Interpretation of graph:

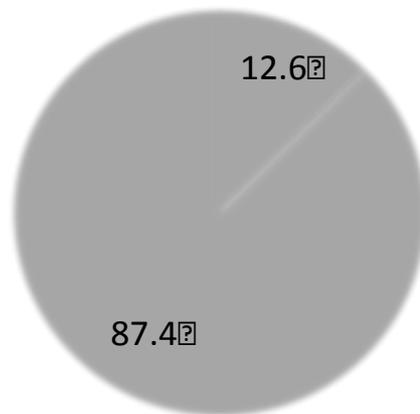
Recommended cut off point for moderate to severe psychological symptoms\*

= 10 points

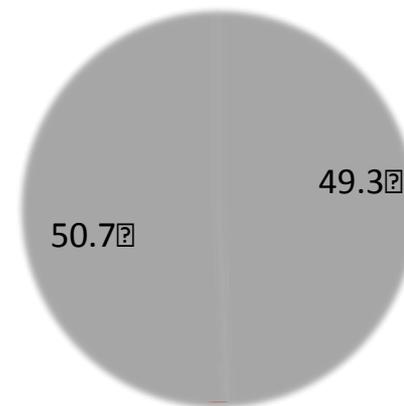
\*Crawford et al, British Journal of Clinical Psychology (2001), 40, 429-434

# Psychological needs of bereaved (Hospital Anxiety and Depression Scale n=69)

General Population

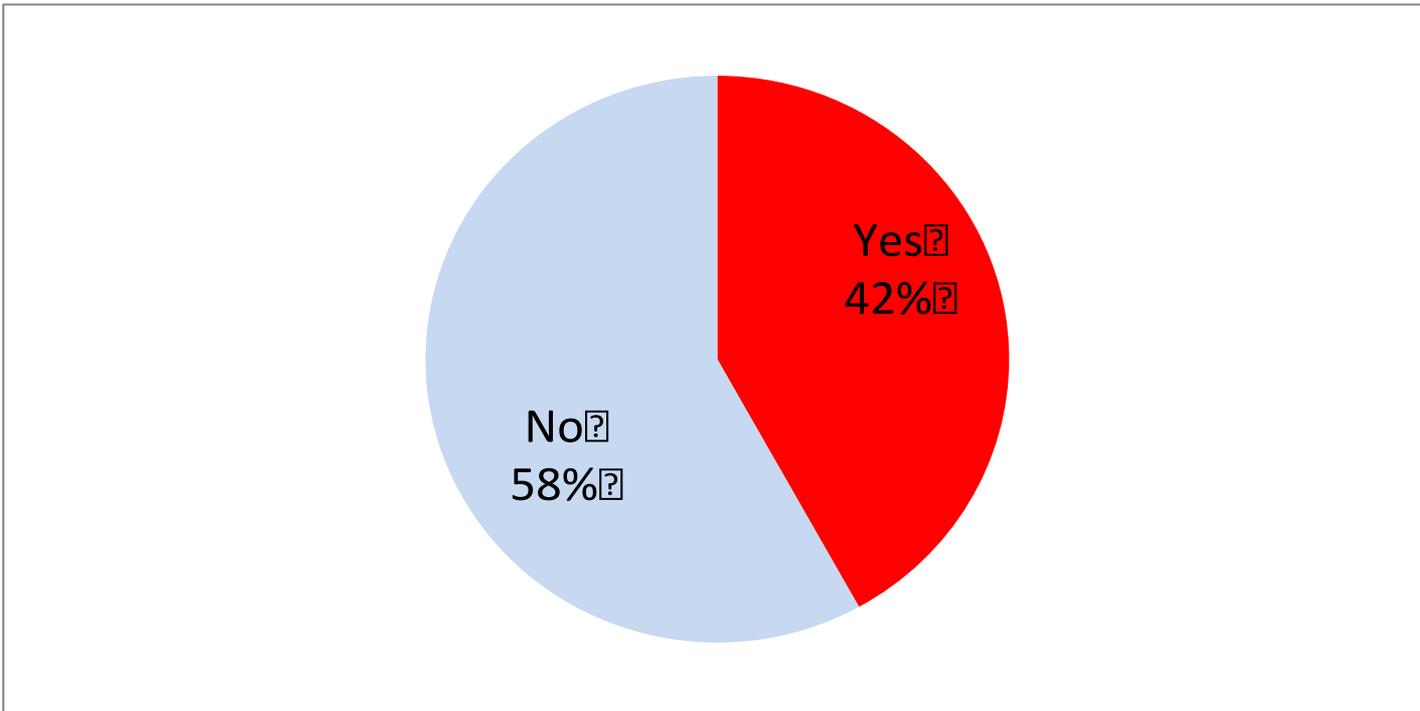


Bereaved relatives



Moderate or severe psychological symptoms  
None or mild psychological symptoms

# Did you or anyone else in your family become suicidal after this death? n=62



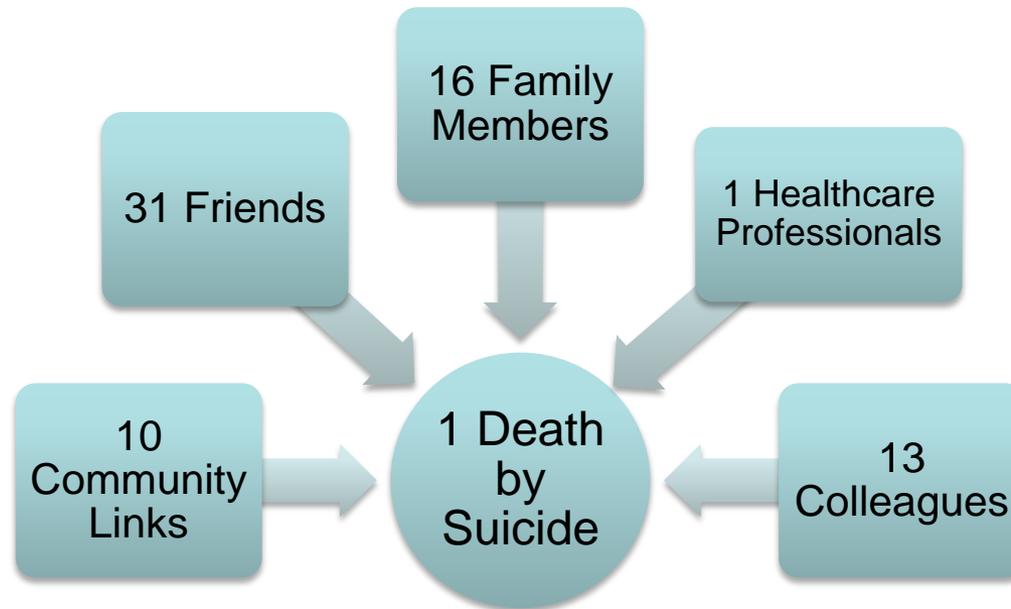
# Impact on families: Long standing concerns about risk of suicide

*And that's another thing, my daddy now, he'll be worried about my younger brother, with him being the baby and he is only 30 and his relationship has broke up and then he lost a job. My daddy will say to me " Mary you have to say something to him." I do say something to Sean. I go "now Sean, you have to buck yourself up here" or whatever.*

Sister

### 3. Impact of bereavement on the wider community

Number of people affected by a suicide  
Next of kin perspective (n=43)



On average 71 people affected by 1 death by suicide

# 4. Responses and resilience

## Levels of help-seeking among families

Results show that...

**39 % undertook no formal HS** and relied upon their family and friends

**51%** had a belief in a **spiritual power** that helped them to cope

**61%** sought help in relation to their bereavement

**17%** attended only GP

**19%** attended only Community Orgs

**25%** attended both GP and Community Orgs

# Provision of services

# ...Not just the medical model

*I wasn't thinking in the same way that I normally had been thinking and here I had plucked up the courage to go to the GP...or he wanted to throw antidepressants at me.*

*When I went in there with a plan, I had asked him, I had said “look, antidepressants I’m willing to take but I want to go down a therapeutic route as well. I don't want just the medical model.”*

*Brother*

# Provision of services

# ...Alternatives to talking

*now my mum, she did the alternative therapy, she wasn't sleeping so she went to the **massage therapy** and all. I didn't think in a month of Sundays she ever would take up that and she did...*

*she is (also) involved with another group ...and to this day she goes on a weekly basis **she goes on outings** and she gets a lot of comfort from that.*

*Brother*

# Provision of services

## ...One to One Support

*I know I wouldn't go to group support. I don't like it. I wouldn't speak at it and I wouldn't be honest, and that's the truth. I would speak to somebody one to one but not in a group.*

## ....Well Facilitated Support Groups

*But in a way I gelled with a couple of them but I felt then that I was further, better off, or in a better place than some of them because theirs was more recent than mine. So I thought I didn't have the right to express myself in the same sense as they, yeah, because they were in a different, more vulnerable place.*



# Resilience

## ...Knowing where to go

*That was my ... because I had known that that was a factor innit, families become more of risk of suicide and that was my main concern, that's why I was trying to encourage people to seek some kind of help and then presented them with options of what was available.*

Sister

# Resilience

## ...Informal support and connection

*I did have suicidal thoughts whenever he took his own life, because of the phone call and everything else. I beat myself up about it. But whenever I sat down and thought about it for myself, the trail of destruction it has left behind and the hurt it has caused throughout the family, **why would I want to inflict that on anybody else?** Why would you do that and leave my two children the same way?*

Wife

# Providing Formal Services: Support Understanding

## Understanding of Bereavement

- Easier and targeted information about bereavement support services
- (Especially but not exclusively focused on bereavement by suicide)
- Education which enhances an individual's mechanisms for identifying personal need

## Understanding of the Suicide

- Programs which support the development of family communication skills around the management of particularly tricky areas, for example in relation to issues of guilt, blame and shame.
- Open and informed discussion with families (and the wider community) about what causes suicide.

# Summary and Recommendations

- There is evidence of impact of suicide transmission among both those who died and those bereaved by suicide.
- The issue of bereavement needs to be given further prominence within the broader suicide prevention policy and should potentially be embedded as a distinct postvention policy.
- We need acknowledgement of the broader community impact of the rapid rise in suicide.
- Access to support services for all those affected by death by suicide, regardless of their kinship to the deceased.
- At a policy level, wherever possible, support should be given to research collaborations where evidence from other countries can be usefully adapted and applied here. This should be done with close evaluation.





Northern Ireland  
Assembly



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